



October 27, 2017

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
College Park
19th Floor, Suite 1903
777 Bay St.
Toronto, ON M7A 1S5

Dear Roselle,

Re: ONA Feedback – Report of the Minister's Expert Panel on Public Health

You may recall that ONA expressed disappointment that the Expert Panel did not have frontline public health nursing staff representation. For this reason alone, we do not believe that the Expert Panel fully understands the impact of their recommendations on the delivery of frontline public health nursing services.

We are also unclear as to the precise issue or problem that the Expert Panel was attempting to fix with its recommendations. The critical issue of expanding capacity within public health was not included in their mandate, nor was the broader context of funding to ensure capacity and that public health programs are delivered to meet need across the province.

The Expert Panel did not consult with the public health sector and its stakeholders. The Expert Panel deliberations were held in private. The Expert Panel did not provide rationale for its recommendations, nor did it release any background studies or materials that it relied on to support its recommendations. This has been a hasty process without the necessary engagement and research to achieve any consensus in the sector regarding the problem to be addressed nor the solution(s) required.

For these reasons, ONA is unable to support the Expert Panel recommendations in their current form. ONA is opposed to broad structural change that is unsupported by evidence. We provide our recommendations below.

Lack of Capacity Review, Impact Analysis and Implementation Plan

Our first recommendation is that the Ministry of Health and Long-Term Care first prepare a capacity review of public health programs currently being delivered in Ontario and any gaps between programs delivered and community need. Such a capacity review must address the gaps in staffing to support the delivery of existing programs and clarify the role of Public Health Nurses. We already know the changeover to the new Public Health Standards is having impacts on capacity.

Our second recommendation is that the Ministry of Health and Long-Term Care prepare an impact analysis of the Expert Panel recommendations. A key component of the Ministry's impact analysis will be an evaluation of the findings from the capacity review compared to the Expert Panel recommendations.

Our third recommendation is that the Ministry of Health and Long-Term Care prepare an implementation plan with a clear itemized costing, change management timeline and detailed governance model, including the number, structure of local public health delivery areas. The implementation plan will also need to include a review of the labour relations implications, which was missing from the Expert Panel report.

Our fourth recommendation is to conduct a full sector consultation on the results of our recommendations above, including a forecast for the full staffing complement to meet community needs.

Consolidate Funding and Policy of Public Health Programs

The Expert Panel's mandate excluded any recommendations related to funding of public health.

Our fifth recommendation to the Ministry, therefore, is the advice we gave to the Expert Panel: to consolidate the funding and policy of public health programs under a single Ministry – the Ministry of Health and Long-Term Care. Currently, funding for some public health programs, including the Healthy Babies, Healthy Children (HBHC) program is funded through the Ministry of Children and Youth Services (MCYS).

We are advocating for the consolidation of public health programming and funding under a sole Ministry. This provides for consistency in policy development, resource allocation and public health budget approvals.

With public health programs consolidated in a single Ministry, it will also be more efficient to determine the capacity of local health entities to deliver public health programs in the local catchment area within the current provincial/municipal funding model. One important step to achieve integration is through the integration of public health programs with programs delivered across other health sectors and Ministries through the consolidation of funding and policy under a single Ministry.

Accountability and Transparency

Our sixth recommendation relates to the themes of accountability and transparency that is being implemented in some limited form in the new Standards in terms of movement towards a fuller accountability regime in existing health units.

Our advice to the Ministry is to conduct a special review of accountability for funding as has recently been undertaken in the home/community care sector through audits by the Auditor General of the former Community Care Access Centres (CCACs), which should be pursued in the public health sector, prior to any decisions regarding structural change. This may already be part of the Auditor's 2017 Annual Report under development.

We believe it is timely for an audit of public health units to be conducted by the Auditor General.

The reason we are advocating for a special audit by the Auditor General is that these audits are made public for all to review. The annual audits by the Ministry of Health and Long-Term Care of selected health units are not, to our knowledge, made public.

Other health sectors operate under a much more open and transparent accountability framework as funding is provided by way of the Local Health Integration Networks (LHINs).

Now that funding and accountability/planning for home/community care is being transitioned to the LHINs, it is likely a perfect opportunity to move the public health sector in the direction of a similar accountability framework that is available for public review. At the current time, information on funding for specific public health programs is not readily available for public review.

Management Structure

Our seventh recommendation further advances the issue of accountability for funding and for the delivery of mandatory public health programs through a review of the management structure within public health units. Our experience has seen a proliferation of management positions during a time of flatlined funding in the public health sector.

While frontline staff have seen cuts to positions and to services, the number of supervisory and management positions have increased, particularly in relation to the size of the public health units.

Although significant savings were expected, we have experienced little change in the management structure for the delivery of home and community care through the transition from CCACs to LHINs. This is an important consideration in any restructuring of the public health sector.

Finally, the Expert Panel report does not provide any guidance regarding the importance of the role of public health nurses in the delivery of public health programs. From the perspective of frontline Public Health Nurses, the scope of their practice has been eroded over time.

The Ministry capacity review also needs to include an investigation into role clarity with respect to the role of health promoters and the role of public health nurses as public health units move forward, including the movement of immunization work previously done by PHNs and now expanded to other providers outside of public health.

This review of the management structure in public health is not dissimilar to what took place in the CCACs, including protecting the role of care coordinators, which has resulted in action by the government as the CCACs transitioned to the LHINs.

Therefore, we are recommending a review be undertaken of the management structure in public health units.

This review will ensure that funding for public health programs reaches the clients that the programs are designed to service and will bring clarity to the important role of public health nurses in the delivery of programs in comparison to other roles.

ONA supports the integration of public health into the LHINs planning process to ensure local capacity to manage broader population health planning and to respond in a coordinated manner in the event of a public health emergency but this does not require radical structural changes.

We appreciate the opportunity for ONA to provide our feedback on the Expert Panel recommendations. Our members anxiously await guidance from the Ministry on next steps.

We look forward to an announcement from the Minister regarding the future of public health in Ontario.

Thank you.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Linda Haslam-Stroud, RN
President

lhs/lw

C: Marie Kelly, ONA CEO/CAO
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Derrick Araneda, Health Minister's Chief of Staff